

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 016605		FILING DATE 10/02/00	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3	1						53				
4	1						54				
5		1					55				
6	1						56				
7		1					57				
8	1						58				
9		1					59				
10	1						60				
11		1					61				
12		1					62				
13	1						63				
14		1					64				
15		1					65				
16	1			1			66				
17			1				67				
18	1			1			68				
19		1					69				
20	1						70				
21		1					71				
22	1						72				
23		1					73				
24							74				
25		1					75				
26			1				76				
27	1						77				
28		1					78				
29	1						79				
30		1					80				
31		1					81				
32	1						82				
33		1					83				
34		1					84				
35			1				85				
36				1			86				
37	1						87				
38		1					88				
39	1						89				
40		1					90				
41			1				91				
42	1						92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	20						TOTAL IND.				
TOTAL DEP.	22	22	22	22	22	22	TOTAL DEP.				
TOTAL CLAIMS	42						TOTAL CLAIMS				

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